Utah DHS-
DSPD
03/04

HOME AND COMMUNITY-BASED SERVICES WAIVER
LEVEL OF CARE DETERMINATION
ACQUIRED BRAIN INJURY

Region/Office

Data Entry

Initials:

Date:

Individual's Name (Last, First, Middle Initial)

Worker Number

Individual's Data Entry Number

Based on formal assessments, the individual must meet **all** requirements in item 1, and at least two criteria on item 2, to meet the level of care requirements for placement in a nursing facility.

1. Must meet **all** of the following:
   - [ ] Primary condition is not attributable to mental illness.
   - [ ] Cannot be maintained in a less restrictive environment without Home and Community-Based Waiver services.
   - [ ] Documentation of a Brain Injury with a **score between 40 – 120** on the Brain Injury Waiver Comprehensive Assessment Form (Intake, Screening, and Assessment Form—Part II).

   [ ] Brain Injury: _____. Code:_____.

2. and must require care above level of room and board as documented by **at least two** of the following criteria (check all that apply).
   - [ ] Due to the diagnosed medical conditions, the applicant requires at least substantial physical assistance with activities of daily living above the level of verbal prompting, supervising, or setting up.
   - [ ] The attending physician had determined that the applicant's level of dysfunction in orientation to person, place, or time requires nursing facility; or
   - [ ] The medical condition and intensity of services indicate that the care needs of the applicant cannot be safely met in a less structured setting and alternatives have been explored and are not feasible.

I hereby certify that but for the provision of Home and Community-Based Waiver services the individual would require the level of care provided in a nursing facility.

Qualified ABI Waiver Support Coordinator:_____. Date:_____.

Choice of Service: I have been advised that I may choose either Home and Community-Based Waiver services or a nursing facility. I have been informed of alternatives available under the Waiver and I choose:

[ ] Home and Community-Based Waiver services. [ ] Nursing Facility.

Individual's and/or Legal Representative's Signature:_____ Date:_____.

Annual Reviews: I hereby certify that the individual's condition and diagnosis have not changed; therefore, there is a demonstrated need for continuing services under the Home and Community-Based Waiver.

Qualified ABI Waiver Support Coordinator:_____Date:_____.

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Qualified ABI Waiver Support Coordinator:_____Date:_____.

. INSTRUCTIONS FOR THE FORM 817b

PURPOSE:

The form 817b is an eligibility form used for data entry and documenting an individual's diagnosis and eligibility for Home and Community-Based Waiver Services.

COMPLETING THE FORM:

Individual's Name: Means name under which the individual is open on State database.
Individual's Data Entry Number: Means individual identification number from the State database.

Level of Care Documentation: This section documents that but for the provision of Home and Community-Based Waiver services, the individual would require the level of care provided in a nursing facility.

> Information regarding the individual's brain injury, and level of functioning must be supported by the assessment documents (medical reports, Brain Injury Waiver Intake, Screening, and Assessment Form and Brain Injury Waiver Comprehensive Assessment form).

Signature Area: Initial signature must be on or before the date that the client enters Home and Community-Based Waiver services. The region staff completing the document must be a qualified ABI support coordinator or the document must be reviewed and co-signed by a supervisor who is a qualified ABI support coordinator.

Choice of Service: Indicate that the individual and/or his legal representative have been advised of his right to choose between Home and Community-Based Waiver services or a nursing facility by checking the service chosen and having the individual and/or his legal representative sign in the space provided.

Annual Reviews: Annually, the qualified ABI support coordinator must review the individual's diagnostic information and eligibility for Home and Community-Based Waiver services. If the diagnostic information or level of care information changes, a new form 817 must be completed. If the diagnostic information or level of care remains the same, the professional signs and dates.

DISPOSITION OF FORM:

Once completed, the individual's diagnostic code for brain injury must be entered into the State database for payment to occur.

Placement in the individual's file: File in Eligibility section.